



Please return completed form to:  
 1362 Mellon Road, #100  
 Hanover, MD 21076  
 Fax: (410) 846-6420  
 Email: [geba@geba.com](mailto:geba@geba.com)  
 Phone: (410) 657-8060

Member Number   
 (if unknown, leave blank)



# Professional Liability Insurance (PLI) Application

## General Information:

Applicant's Name (First, MI, Last)  Social Security Number  Gender:  Male  Female

Marital Status:  Married  Domestic Partner  Divorced  Widow/Widower  Single  Separated

Date of Birth (mm/dd/yyyy)  Email Address

Address Line 1  Address Line 2

City  State  Zip Code

Home Phone Number  Cell Phone Number  Office Phone Number

*By providing your email address to us, you expressly consent to receive emails from us. We may use email to communicate with you, to send information that you have registered, or to send information about other GEBA products or services. We will not give your email address to another party to promote their products or services directly to you.*

## Type of Applicant:

Active Employee

Agency  Hire Date (mm/dd/yyyy)

Position Title:

## How Did You Hear About GEBA's Professional Liability Insurance Plan?

- Advertisement
- Agency Announcement
- Briefing
- Brochure
- Email/Mailing
- GEBA Website
- Information Table
- Member Services Representative
- New Hire Orientation
- NSA Net
- Seminar
- Word of Mouth

*GEBA is a nonprofit member-governed association dedicated to serving Federal Employees and retirees, military and retirees and Sponsored Family Members. GEBA never charges a membership fee - membership comes from simply enrolling in any of GEBA's insurance or investment plans.*

## Professional Liability Insurance Enrollment Form

Applicant's Name (First, MI, Last):

Social Security Number:

Member ID:

### Prior PLI Carrier Information:

Prior PLI Carrier

Beginning Date of Prior Coverage

Expiration Date of Prior Coverage

# of Prior Claims

\*\*\*Retroactive Date - The date that represents the beginning of coverage. Only claims made to the insurer and occurrences that occurred on or after that date will be honored under the current policy. As respects this program, the retroactive date will be the verifiable date for which your continuous, uninterrupted claims-made professional liability coverage commenced, whether with us or another provider.

### Coverage:

\$1,000,000 Civil Liability Coverage, \$200,000 Administrative Defense Expense Coverage, \$100,000 Criminal Defense Expense Coverage, \$500,000 LEOSA Coverage for Qualified Law Enforcement Officers.

Coverage Effective Date:

### Premium:

Plan Year is January 1 - December 31

Annual Premium is \$290. Policy is only cancellable for retirement and resignations.

Coverage can begin at the first of any month using the prorated chart below for premium due.

EXAMPLE: An application submitted on April 2 would be effective on May 1. Premium for year would be \$193.33.

January 1	\$290*	May 1	\$193.33*	September 1	\$96.67*
February 1	\$265.83*	June 1	\$169.17*	October 1	\$72.50*
March 1	\$241.67*	July 1	\$145*	November 1	\$48.33*
April 1	\$217.50*	August 1	\$120.83*	December 1	\$24.17*

\*Rates above includes surplus lines Tax

### Automatic Debit Payment Information:

Annual Auto Debit

Checking Account (Enclose a voided check)  Savings Account

Bank Name:

Routing Number:

Your Account Number:

I hereby authorize Government Employees' Benefit Association, Inc. (GEBA) to debit my checking/savings account according to the published schedule. I understand that GEBA reserves the right, upon written notification, to terminate my participation in this payment option. If an automatic debit is returned for any reason including insufficient funds, closed or unauthorized account, GEBA will not be able to process payment. I understand that I may be subject to a \$20 charge if payment is rejected, reversed, or refunded by my financial institution. I may cancel participation in the GEBA Automatic Debit service with written notice 10 days prior to the premium due date.

### Return the completed form with voided check or a check made payable to GEBA.

I hereby certify that I am a Federal Employee and eligible to enroll under the GEBA sponsored Professional Liability Insurance Policy. I also attest that, as of this date, I have no knowledge of any allegation, claim or suit, or any act, error, or omission which might reasonably be expected to result in a claim or suit.

Signature: \_\_\_\_\_

Date: